

Confidential Psychological Report: Social-Emotional

Student: **DOE:**
Parent/Guard.: **DOB:**
Address: **CA:**

Phone: **Grade:**

Examiner: Damian Bariexca, Ed.S., NCSP
School Psychologist

Reason for Evaluation

XXX was referred for Child Study Team evaluation for her legally mandated triennial evaluation. She is currently eligible for special education & related services under the classification **Other Health Impaired** due to diagnoses of “Bipolar Disorder, Obsessive Compulsive Disorder, and ADHD”, according to the Eligibility Report from XXX County Public Schools (10/04). The purpose of this evaluation is to gather information about XXX's educational and psychological needs, generate appropriate modifications & accommodations, and assist in determining continuing eligibility for special education & related services.

This report will focus primarily on XXX's current state of social-emotional functioning; for information on XXX's current cognitive profile, please see the companion report (Bariexca, 12/08).

Background Information

A review of available records indicates that XXX transitioned into XXX from XXX in September 2008. XXX attended XXX for the 2007-2008 school year; prior to that, XXX resided at XXX, a therapeutic group home in XXX. According to her aunt and current guardian, XXX was homeschooled until fifth grade.

Grade transcripts from XXX's previous schools are currently unavailable; her grades from Quarter 1 of her freshman year are as follow: [redacted for portfolio inclusion]

Current teacher reports indicate that overall, XXX is energetic, respectful, and pleasant in class. One teacher noted that XXX “seems 'lost' and somewhat in her 'own world'” in class, while another noted that “she would prefer for me to tell her what to do rather than read the directions and develop her own plan.”

Information from the Student

XXX indicated that her favorite classes at XXX have been her Interior Design class and her current Fundamentals of Math class. She was very excited to have received a 102 on a recent test, and stated that class was “fun” and that she “understood it [math class] now”, which she did not feel was the case in her previous math placement. When asked about her personal or academic strengths, XXX was unable to list any, stating, “I don't have any strengths” and “I don't feel good about anything”. When pressed, XXX stated her organizational skills as a strength. XXX preferred instead to list her weaknesses, which included, “I'm annoying”, “I'm stupid”, “I never do anything right”, “I make bad choices”, and “I ruin people's lives”. She also stated, “I'm not in Honors classes, so I guess I'm kind of dumb”. She also recanted her previous excitement about her math test, saying, “I just got lucky anyway”.

Information from the Parents/Guardians

[redacted for portfolio inclusion]

Previous Test Results

Behavior Assessment System for Children-Second Edition: Self-Report (Adolescent): K. Wells (10/04)

<u>Composite Scales</u>	<u>T Score</u>
Clinical Maladjustment	43
Emotional Symptoms Index	47
Personal Adjustment	51

<u>Subscales</u>	<u>T Score</u>
Sensation Seeking	46
Atypicality	49
Locus of Control	38
Somatization	39
Social Stress	49
Anxiety	47
Depression	46
Sense of Inadequacy	45

A chart comparing T-scores across administrations appears at the end of this report.

NB: School-related items were omitted due to XXX's being home-schooled prior to initial assessment.

Observations and General Impressions

XXX presented as very pleasant, friendly, and sociable. She was able to make appropriate “small talk” about her classes and classmates, and often smiled and laughed throughout our periods of socialization before, between, and after evaluations. XXX made minimal eye contact at the start of the first session, but made slightly more as the evaluation period progressed. She asked appropriate questions about the assessments, and seemed anxious to begin each one, sometimes before this examiner finished explaining directions. The testing session on Nov. 13 lasted approximately 45 minutes; the student interview took place on Nov. 24 with the first cognitive testing session.

Evaluation Procedures

Review of School Records
Unstructured Parent/Guardian Interview
Structured Student Interview
Conners 3 - Teacher
Behavior Assessment System for Children, Second Edition: Self Report, Adolescent (BASC-2- SRP-A)
Reynolds Adolescent Depression Scale - 2nd Edition (RADS-2)
Rotter Incomplete Sentence Blank (RISB)
House-Tree-Person Projective Drawings

Summary of Findings/Interpretation of Assessment Results

Conners 3 - Teacher

The Conners 3 - Teacher is a tool used to assist in evaluating children for Attention Deficit Hyperactivity Disorder, as well as comorbid disorders such as Oppositional Defiant Disorder and Conduct Disorder. Teachers are asked to review a list of 113 potential problem behaviors and rate, on a scale of 0-3, how frequently they have seen the student exhibit each behavior in the last month. Listed behaviors correspond to subscales that measure general behavioral categories such as opposition, inattention, hyperactivity, and aggression, among others. Raw scores are then tallied and converted to T-scores.

- T-scores **under 60** are **average**, and are indicative of typical levels of concern.
- T-scores **between 60-70** are **elevated**, and are indicative of more concerns than are typically reported.
- T-scores **above 70** are **very elevated**, and are indicative of many more concerns than are typically reported.

Teachers in each of XXX's Quarter 1 courses were asked to complete a Conners 3 – Teacher form; results appear in the following table.

Conners 3 – Teacher Content Scales: *T*-scores

Content Scale	Science	Interior Design	Seminar	Math
Inattention	76	83	85	87
Hyperactivity/ Impulsivity	110	112	124	76
Learning Problems/ Executive Functioning (LE): Total	61	82	78	61
Learning Problems (LE subscale)	55	84	80	67
Executive Functioning (LE subscale)	62	71	71	55
Aggression	81	43	114	52
Peer Relations	54	54	85	79

****Bold scores indicate elevated/very elevated *T* scores.**

As evidenced by the above *T* scores, concerns were reported in every content scale across XXX's schedule. The most significantly elevated *T* scores fell under the Hyperactivity/Impulsivity and Inattention subscales, but scores reflect concern in every content area.

The Conners 3 – Teacher scale also seeks to identify symptoms of disorders commonly found comorbid in students with ADHD. Based on XXX's teachers' responses, XXX has exhibited behaviors that fall under the diagnostic criteria for the following disorders, as listed in the DSM-IV-TR:

Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type 314.00
Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive
Type 314.01,
Oppositional Defiant Disorder 313.81
Conduct Disorder 312.8x

The Conners 3 – Teacher also derives two index scores, the Conners 3 ADHD Index (compares XXX's score with scores obtained by individuals with ADHD) and the Conners 3 Global Index (summarizes the teachers' responses). XXX's **Conners 3 ADHD Index** scores of **84%, 87%, 92%, and 95%** are indicative of a high degree of correlation between XXX's scores and scores of individuals with ADHD. Her **Conners 3 Global Index *T*-scores** of **83, 103, 111, and 115** suggest that XXX may be exhibiting features of general psychological difficulty that may be expressed behaviorally, academically, socially, or emotionally.

BASC-2: SRP-A

XXX responded to the items on the Behavior Assessment System for Children-Second Edition: Self-Report (Adolescent) in order to provide information regarding her own thoughts and feelings. The rater's responses to items on the BASC scales are scored and compared to a normative sample of ratings of other children similar in age. Scores in the **Clinically Significant** range (T-scores of **70 and above**) suggest a high level of maladjustment, and scores in the **At-Risk** range (T-scores between **60-69**) identify either a significant problem that may not be severe enough to warrant a formal diagnosis or a developing problem that needs careful monitoring. T-scores ranging from **41-59** are considered **average**.

XXX's responses earned ratings of "Acceptable" on all Validity Indices; these scores can be considered a reasonably accurate assessment of her current social-emotional state.

XXX's scores on the five major composite scales are as follows:

Composite Scale	T Score	Percentile Rank
School Problems	42	22
Internalizing Problems	75	98
Inattention/Hyperactivity	63	90
Emotional Symptoms Index	72	97
Personal Adjustment	37	11

XXX's T score of **42** on the **School Problems** composite scale is in the average range, and indicates that XXX holds views of school and her teachers similar to others her age. Her T score of **35** on the **Attitude to School** scale indicates that XXX reports enjoying school somewhat more than others her age.

School Problems Scale	T Score	Percentile Rank
Attitude to School	35	1
Attitude to Teachers	48	48
Sensation Seeking	49	46

XXX's T score of **75** on the **Internalizing Problems** composite scale falls in the Clinically Significant range, and warrants follow-up. XXX's T scores on the **Social Stress** and **Somatization** scales both fall in the At-Risk classification range. XXX reports experiencing physical symptoms such as headaches, sore muscles, stomach ailments, and/or dizziness, as well as difficulty establishing and maintaining close relationships with peers. She reports sometimes feeling isolated or lonely.

Furthermore, XXX's T scores on the **Locus of Control**, **Anxiety**, **Depression**, and **Sense of Inadequacy** scales all fall in the Clinically Significant range. She reports having little control over her life and being blamed for things she did not do. She is also dissatisfied with her ability to perform tasks, even when she puts forth substantial effort. XXX also reports excessive sadness, worrying, and feeling that life is getting worse. XXX's T score of **76** on the **Depression** scale warrants assessment of vegetative symptoms (e.g., weight gain/loss, fatigue) and exploration of suicidal tendencies.

<u>Internalizing Problems Scale</u>	<u>T Score</u>	<u>Percentile Rank</u>
Atypicality	48	54
Locus of Control	87	99
Social Stress	62	88
Anxiety	75	99
Depression	76	97
Sense of Inadequacy	70	95
Somatization	69	94

XXX's T score of **63** on the **Inattention/Hyperactivity** composite scale falls in the At-Risk range, and indicates that she reports somewhat lower attention levels than others her age. Her T scores on both the **Attention Problems** and **Hyperactivity** scales fell in the At-Risk range, and indicates that XXX's difficulty maintaining attention and engaging in restless or disruptive behaviors are likely interfering with her academic performance, as well as general functioning in other areas.

<u>Inattention/Hyperactivity Scale</u>	<u>T Score</u>	<u>Percentile Rank</u>
Attention Problems	63	88
Hyperactivity	60	85

XXX's T score of **72** on the **Emotional Symptoms** index falls in the Clinically Significant range in terms of her emotional functioning, as compared to his peer group. The **Social Stress**, **Anxiety**, and **Depression** scales (described above) also appear in this index.

<u>Emotional Symptoms Scale</u>	<u>T Score</u>	<u>Percentile Rank</u>
Sensation Seeking	49	46
Attitude to School	35	1
Attitude to Teachers	48	48
Atypicality	48	54
Social Stress	62	88
Anxiety	75	99
Depression	76	97
Interpersonal Relationships	59	82

XXX's T score of **37** on the **Personal Adjustment** composite scale falls in the At-Risk range; she reports that his relationships with peers are typical of most people his age, as is her sense of self-reliance. Her T scores on the **Relations with Parents** and **Self-Esteem** scales, however, fall in the Clinically Significant range. XXX reports having a strained relationship with her parents, having little trust in them, and feeling incidental in family life and decision making. She also reports a negative self-image in terms of both physical and personality attributes.

<u>Personal Adjustment Scale</u>	<u>T Score</u>	<u>Percentile Rank</u>
Relations with Parents	23	1
Interpersonal Relationships	59	82
Self-Esteem	23	2
Self-Reliance	58	78

XXX's responses were also grouped into Content Scales in the following areas: Test Anxiety, Anger Control, Mania, and Ego Strength. XXX's responses to these questions indicate that she experiences anxiety before and during testing sessions, becomes irritable quickly and has difficulty maintaining self-control, and has extended periods of arousal and difficulty relaxing. Her scores on the Test Anxiety, Anger Control, and Mania scales were all in the At-Risk range.

XXX's score on the Ego Strength scale was in the Clinically Significant range, and indicates that XXX reports extreme dissatisfaction with herself and her abilities.

Content Scale	T Score	Percentile Rank
Test Anxiety	63	89
Anger Control	69	96
Mania	64	90
Ego Strength	19	1

The BASC-2: SRP-A also contains test items relevant to DSM-IV-TR diagnostic criteria for a number of disorders. Based on XXX's report, a clinical investigation into the following disorders may be warranted:

Attention-Deficit/Hyperactivity Disorder 314.0x
Generalized Anxiety Disorder 300.02
Major Depressive Disorder and Bipolar Disorder 296.xx

RISB

The RISB Sentence Completion test was also given to XXX. For this assessment, XXX was given sentence stems and asked to complete the sentences to express her feelings. XXX appeared to take the task seriously and work diligently. XXX's responses were indicative of difficulties with stress, self-esteem, feelings of futility, and internalizing problems. Some sample responses include:

- At home...*is very stressful.*
- I regret...*a lot of mistakes in the past.*
- What annoys me...*is when I fail at everything.*
- I feel...*very stressed out and hopeless at times.*
- My greatest fear...*is not succeeding and death.*
- I can't...*let myself down.*
- When I was younger...*it ruined my life.*
- My nerves...*are shot.*
- I failed...*at too many things.*
- Sometimes...*I feel like giving up.*
- What pains me...*is my self-esteem.*
- I am very...*worried at times about my home life.*
- The only trouble...*there's way more than one.*
- I secretly...*feel guilty.*
- My greatest worry is...*that I will mess up my life.*

RADS-2

XXX was also administered the Reynolds Adolescent Depression Scale-Second Edition (RADS-2) in order to assess possible depression. Here, XXX was asked to respond to a series of sentences about *how she feels* and then decide *how often* she feels that way.

T scores of **60 or below** are considered to be within the **normal** range; T scores of **61 to 64** fall into the **mild clinical depression** range; and T scores of **65 to 69** fall into the **moderate clinical depression** range. Additionally, T scores of **70 or higher** are considered to be within the **severe clinical depression** range.

XXX's scores on the four subscales are as follows:

Scale	T Score	Percentile Rank
Dysphoric Mood	59	82
Anhedonia/Negative Affect	51	68
Negative Self-Evaluation	60	84
Somatic Complaints	69	99
Depression Total	62	90

XXX earned a Depression Total T score of 62, placing her at the 90th percentile and in the **mild clinical depression** range for adolescents who experience feelings of depression.

XXX's subscale T scores for Dysphoric Mood (negative emotional state), Anhedonia/Negative Affect (lack of interest in pleasurable activities), and Negative Self-Evaluation (unrealistic negative appraisal & feelings of worthlessness) subscales were all within the normal range, although it should be noted that the Negative Self-Evaluation T score of 60 falls just below the cutoff for the mild clinical depression range.

Her T score on the Somatic Complaints subscale falls in the **moderate clinical depression** range, and warrants follow-up with a school or community-based counselor.

Furthermore, XXX's responses to three items received a **clinically significant** endorsement: "I feel I am bad", "I feel I am no good", and "I feel like nothing I do helps any more".

House-Tree-Person Projective Drawings

The House-Tree-Person Projective Drawings are used to examine personality characteristics as presented subconsciously through artistic renderings of a house, a tree, and a person. XXX's drawings supported previously reported feelings of inadequacy, inferiority, and lack of control in her life.

Generally, XXX presented as polite, eager, and pleasant. Social-emotional testing revealed an adolescent who experiences strong feelings of inadequacy, insecurity, anxiety, and frustration; these feelings likely interfere with her ability to function in both academic and personal arenas. A clinical investigation into the following disorders may also be warranted: ADHD, General Anxiety Disorder, Major Depressive Disorder & Bipolar Disorder, Oppositional Defiant Disorder, and Conduct Disorder. XXX would likely benefit from a combination of school- and community-based counseling services.

Recommendations

Results of this evaluation should be shared with the IEP Team and used in conjunction with the Educational Evaluation to determine XXX's continuing eligibility for special education and related services.

XXX would likely benefit from a combination of school- and community-based counseling services to help her cope with her attentional and emotional difficulties. For a complete list of suggested classroom accommodations, please refer to the companion report on XXX's cognitive functioning (Bariexca, 12/08).

Summary

XXX is a 16-year-old 9th grader who is being evaluated as part of the triennial evaluation process. Social-emotional testing revealed an adolescent who experiences strong feelings of inadequacy, insecurity, anxiety, and frustration; these feelings likely interfere with her ability to function in both academic and personal arenas. A clinical investigation into the following disorders may also be warranted: ADHD, General Anxiety Disorder, Major Depressive Disorder & Bipolar Disorder, Oppositional Defiant Disorder, and Conduct Disorder.

XXX would likely benefit from a combination of school- and community-based counseling services to help her cope with her attentional and emotional difficulties. For a complete list of suggested classroom accommodations, please refer to the companion report on XXX's cognitive functioning (Bariexca, 12/08).

Damian N. Bariexca, Ed.S., NCSP
Nationally Certified School Psychologist

Date

Portfolio Work Sample

www.DamianBariexca.net

BASC-2: SRP-A Subscale T-Score Comparison

Subscale	T-Score (10/04)	T-Score (11/08)
Attitude to School	N/A	35
Attitude to Teachers	N/A	48
Sensation Seeking	46	49
Atypicality	49	48
Locus of Control	38	87**
Social Stress	49	62*
Anxiety	47	75**
Depression	46	76**
Sense of Inadequacy	45	70**
Somatization	39	69*
Attention Problems	N/A	63*
Hyperactivity	N/A	60*
Interpersonal Relationships	N/A	59
Relationship with Parents	N/A	23**
Self-Esteem	N/A	23**
Self-Reliance	N/A	58

* = At-Risk Range

** = Clinically Significant range

N/A = Not Administered or Reported